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State of Connecticut Department of Public Safety Division of State Police

DPS-90-C (Rev. 04/'03) C	RIMINAL INFOR	RMATION SUMMARY	( DA	DDITIONAL PAGES	
ROOP / UNIT:	OTHER INVOLVE	ED AGENCY: NO YES	i,		
-4405 TIME: 0729 TAR	FIGATING TROOPER/OFF	DPS CASE NUMBER: 05-019549			
LOCATION OF INCIDENT (STREET NAME AN	ND CITY/TOWN ONLY):				
	AST HADDAM (	オ			
SUMMARY OF INCIDENT OR AFFIDAVIT:	✓ ARREST MA			1	
CANINE SHOT WITH P	IFLE AFTER IT	HAD LEFT, THE	BOUNDAR	cibs of its	
PROPERTY AND ALLEGEOUY	ATTACKED NEIL	HBORS POGS. AccusED	TAKEN	1470	
	DINT.				
VICTIM:(DO NOT IDENTIFY ANY JUVENILE B NAME / BUSINESS / AGENCY: M K	Y NAME OR ADDRESS - IF JO				
				NILE: INJURED:	
NAME / BUSINESS / AGENCY: MM			AGI	E: ÆNO	
NAME / BUSINESS / AGENCY;  M F ADDRESS: (TOWN/CITY&STATE ONLY)		JUVE	NILE: INJURED:		
		AGI			
NAME / BUSINESS / AGENCY:	F ADDRESS: (TOWN/CIT	Y&STATE ONLY)	JUVE	NILE: INJURED:	
			AGI	E: SES	
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)					
FOGAR GIROVARD JR.	10/13/60	104 WAFNER ROAD	) I. h	HADDAM, CT	
1. UNLAWFUL PISCHARLETIPLAM	COURT:	BOND: \$ 700	TV	INJURED:	
2. CWELTY TO ANIMALS	CASH SURETY WPTA			AMBULANCE:	
- CHELLY I I WAINING	TOWN: MIDDLETOWN	AMOUNT S:		YES E NO	
-4.		☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECT		HOSPITAL:	
	DATE: 5-3-05	LI TRANS TO DEPT OF CORRECT	IONS (#):		
NAME:	1 DOB:	ADDRESS:			
CHARGES:	COURT:	BONÐ: □ CASH □ SURE	TV	INJURED:	
2.	GA:	□ NON-SURETY □ WPTA		AMBULANCE:	
3.	TOWN:	AMOUNT \$:	SENTED AT COUNT   IOSPITAL:		
4.	3.0.33433373	☐ TO BE PRESENTED AT COURT	RESENTED AT COURT O DEPT OF CORRECTIONS @:		
•	DATE:	LI TRANS TO DELT OF CORRECT	out of connections.		
NAME:	1 ☐ F DOB;	ADDRESS:			
CHARGES:	COURT:	BOND:		INJURED:	
1.	GA:	☐ CASH ☐ SURE	SURETY YES NO		
2.		□ NON-SURETY □ WPTA		AMBULANCE:	
3.	TOWN:	AMOUNTS:  TO BE PRESENTED AT COURT	į.	HOSPITAL:	
4.	DATE:		TRANS TO DEPT OF CORRECTIONS @:		
NAME:		ADDRESS:			
CHARGES:	COURT:	BOND:		INJURED:	
1.	GA:	☐ CASH . ☐ SURE' ☐ NON-SURETY ☐ WPTA		☐ YES ☐ NO AMBULANCE:	
2.	TOWN:	AMOUNTS:	☐ YES ☐ NO		
3.		☐ TO BE PRESENTED AT COURT		HOSPITAL:	
$\sim$	DATE:	☐ TRANS TO DEPT OF CORRECT	IONS @:		
JUPERVISOR'S APPROVAL REQUIRED:	INITIALS:	ID#: 982	DATE:	1-21-05	
THIS INFORMATION IS BEING RE FOR ADDITIONAL INFORMATION ON MAJOR	LEASED TO THE PUBLIC IN CO		FORMATION	LAWS.	